



IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN  
DISTRICT OF GEORGIA-ATLANTA DIVISION

JAMES BEY©™,

CASE FILE NO. 110-CV-1321

**misnomer** JAMES DEMARCO BOGAN©™,

I Section 9  
Constitutional Habeas Corpus  
O.C.G.A. § 1-2-1

**Noble: James :Bey©™**

FILED IN CLERK'S OFFICE:  
U.S.D.C. Atlanta

*Plaintiff*

AUG 23 2010

V.

JAMES N. HATTEN, CLERK  
*J. Brannon*  
Deputy Clerk

STATE OF GEORGIA, HOSEA WILLIAMS BONDING CO.,  
JUDGE TANGELA BARRIE, AND STATE OF GEORGIA'S  
ASSOCIATED SOLICITOR 'ET AL'

*Defendant*

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JUDICIAL NOTICE EXHIBIT(S)

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EXHIBIT KNOWLEDGE AND PROOF REFERENCING PLAINTIFF'S

'CHANGE OF ADDRESS', NOTICE KNOWLEDGE REFERENCED

TO THE CLERK LINDA CARTER OF THE DEKALB COUNTY SUPERIOR

COURT, AND SHERIFF THOMAS BROWN OF DEKALB COUNTY, AS

TO PLAINTIFF'S 'GRIEVANCE', IN LIEU OF 'UNLAWFUL DETAINMENT',

FOR 'IMMEDIATE RELIEF' BY PLAINTIFF'S IMMEDIATE DISCHARGE;

WHICH HAS NOT OCCURRED IN FAVOR OF PLAINTIFF BEING WITH A

CURRENT CLAIM OF DAMAGES, AND IS HERE BY REFERENCED,

AS LISTED ON THE 'Autographed' PS Form 3811: **See FOLLOWING EXHIBIT**

1 of 8

James Bey Trust  
46345 Herschel Rd  
College Park, Georgia  
Near 30337

**EXHIBIT**

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>Walter Schaefer</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Walter Schaefer</i> C. Date of Delivery <b>AUG 17 2010</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Linda Carter DeKalb County Clerk of Court 556 N. McDonough St Growth House Decatur, GA 30030</i></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7009 2250 0001 2540 0379</b></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>Terri Kurtz</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Terri Kurtz</i> C. Date of Delivery <b>8/17/10</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Sheriff Thomas Brown - DeKalb County 4415 Memorial Dr. Decatur, Georgia 30032</i></p>		<p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7009 1680 0001 5557 9663</b></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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Noble: James :Bey©™

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*Plaintiff*

JAMES N. NATHAN, CLERK  
By: *E. Brannon*

V.

STATE OF GEORGIA, HOSEA WILLIAMS BONDING CO.,  
JUDGE TANGELA BARRIE, AND STATE OF GEORGIA'S  
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*Defendant*

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JUDICIAL NOTICE EXHIBIT(S)

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**EXHIBIT KNOWLEDGE AND PROOF REFERENCING PLAINTIFF'S**

**'CHANGE OF ADDRESS',**

PRIOR COMMUNICATIONS WITH HOSEA BONDING COMPANY,  
WHEREIN, THE DOCUMENTATION THEY WERE PROVIDED WITH  
INCLUDED THAT KNOWLEDGE THEREOF, IN ACCORDANCE TO  
CONTRACT KNOWLEDGE FOR THEM TO RESPOND BACK TO THE  
NOTARY LOCATED AT THE RETURN ADDRESS OF AN ATTORNEY'S  
LAW FIRM, AS LISTED ON THE 'Autographed' PS Form 3811:

**See FOLLOWING EXHIBIT**

*James Bey Trust  
c/o 3445 Herschel Rd  
College Park, Georgia  
Near [30335]*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature x <i>Shanelle Downey</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Hosea Bonding</i> <i>3500 Kensington Rd.</i> <i>Decatur GA 30032</i>		B. Received by (Printed Name) <i>Shanelle Downey</i> C. Date of Delivery <i>3/19/10</i>	
2. Article Number (Transfer from service label) <i>RE006 361 475 US</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

REGISTERED MAIL PERMIT NO. 6-10

19 MAR 2010 PM 5 T

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. 6-10

• Sender: Please print your name, address, and ZIP+4 in this box •

1934 WASHINGTON RD,  
EAST POINT GA. 30344

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